



Alabama Department of Public Health
 Bureau of Environmental Services
 201 Monroe Street, RSA Tower, Suite 1250, Montgomery, Alabama 36104

FOOD/WATER SAMPLE SUBMISSION FORM AND CHAIN OF CUSTODY

Reason For Test: Surveillance Investigational Other: _____
 Outbreak ID: _____

Name and Address where sample was collected

Name: _____
 Street Address: _____
 City, State, ZIP: _____
 ADPH Permit Number: _____
 Contact Person: _____
 Phone Numbers: _____ Date collected: _____
 Condition upon collection: Frozen Semi-Frozen Solid Liquid Other
 Detailed sample handling: Dry Ice Wet Ice Unrefrigerated
 COMMENTS including Lot sampled, Lot Size: _____

Collector Information

Name: _____
 _____ County Health Department

Additional comments: _____

Method of collection: _____

Relinquished By:	Print:	Sign:	Date/Time:
Received By:	Print:	Sign:	
Comments:			

Relinquished By:	Print:	Sign:	Date/Time:
Received By:	Print:	Sign:	
Comments:			



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FOOD SAMPLE SUBMISSION FORM AND CHAIN OF CUSTODY

Where collected _____ Permit Number _____

Include product description and sample size

Public Health Environmentalist		Temp at collection	Sample Description Tag #	For Lab Use Only	
				Lab#	Temp
1	Date collected:				
2	Date collected:				
3	Date collected:				
4	Date collected:				
5	Date collected:				
6	Date collected:				
7	Date collected:				
8	Date collected:				
9	Date collected:				
10	Date collected:				



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Public Health Environmentalist		Temp at collection	Sample Description Tag #	For Lab Use Only	
				Lab#	Temp
11	Date collected:				
12	Date collected:				
13	Date collected:				
14	Date collected:				
15	Date collected:				
16	Date collected:				
17	Date collected:				
18	Date collected:				
19	Date collected:				
20	Date collected:				